

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	<i>32</i>	<i>02/26/01</i>
<b>FORMALITY REVIEW</b>	<i>SS</i>	<i>JCS</i>	
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	Original	Final	1/27/01
2	Original	Final	2/2/01
3	Original	Final	2/2/01
4	Original	Final	2/2/01
5	Original	Final	2/2/01
6	Original	Final	2/2/01
7	Original	Final	2/2/01
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49	Original	Final	2/2/01
50	Original	Final	2/2/01

If more than 150 claims or 10 actions  
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Claim	Final	Original	Date
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